<u>\_</u>7



Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 Indiana State/Territory:\_\_\_ Amount, Duration, and Scope of Services: EPSDT Citation 3.1(a)(9) Services (continued) 17 42 CFR 441.60 The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements. 42 CFR 440.240 (a)(10) Comparability of Services and 440.250 Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and section 245A of the Immigration and 1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), and 1925(b)(4) of the Act Nationality Act, permit exceptions: (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person. (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy. Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.

TN No. 91-1			
Supersedes	Approval	Date <u>3-13-92</u>	Effective Date-1-92
TN No. 87-4			

(iv) Additional coverage for pregnancy-related

complicate the pregnancy are equal for categorically and medically needy.

services and services for conditions that may

HCFA ID: 7982E

## OFFINAL

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

State		INDIA	NA	·	
itation 2 CFR Part 40, Subpart B	3.1(b)		e health services are provided in ordance with the requirements of 42 CFR .15.		
2 CFR 441.15 T-78-90 T-80-34		(1)	all (	health services are provided to categorically needy individuals ears of age or over.	
		(2)	all o	health services are provided to categorically needy individuals r 21 years of age.	
			&¥	Yes	
				Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.	
		(3)	Home the m	health services are provided to medically needy:	
				Yes, to all	
				Yes, to individuals age 21 or over; SNF services are provided	
				Yes, to individuals under age 21; SNF services are provided	
				No; SNF services are not provided	
				Not applicable; the medically needy are not included under this plan	
			•		

TN # 76-//
Supersedes
TN #

Approval Date 1/2/24/76 Effective Date 1/23/76

Revision: HCFA-PM-93- (BPD)

State/Territory: Indiana

- Citation 3.1 Amount, Duration, and Scope of Services (continued)
- 42 CFR 431.53
  - (c) (1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in <u>ATTACHMENT 1.1-D</u>.

- 42 CFR 483.10
- (c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

TN No. 93-034 Supersedes TN No. 91-17

Approval Date 2-17-94 Effective Date 10-1-93

25

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State

INDIANA

Citation

32.27

42 CFR 440.260 AT-78-90

3.1(d) Methods and Standards to Assure

Quality of Services

The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

TN # 7/- //
Supersedes

Approval Date 12/2 4/76 Effective Date 11/2 5/76

NET PLAN

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State

INDIANA

Citation 42 CFR 441.20 AT-78-90

3500

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

TN # // //
Supersedes TN#

Approval Date 12/24/76 Effective Date 11/23/76

OFFICIAL

Revision:	_				
	RA	<b>77</b> 1	C i	On	•

HCFA-PM-87-5

(BERC)

APRIL 1987

OMB No.: 0938-0193

State/Territory:	Indiana	
------------------	---------	--

Citation 42 CFR 441.30 AT-78-90

## 3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

<u>/</u>/ Yes.

No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

/ Not applicable. The conditions in the first sentence do not apply.

1903(i)(1) of the Act, P.L. 99-272 (Section 9507)

## (2) Organ Transplant Procedures

Organ transplant procedures are provided.

<u>/</u>/ No.

Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

HCFA-179 # 82- / Date fixed 6/30/87
Supercedes 76-// Date Appr. 8/19/87
State Rep. In. 83 Date Eff. 7///87

TN No. <u>87-4</u> Supersedes TN No. <u>76-11</u>

Approval Date \_\_\_\_

Effective Date 7/1/87

HCFA ID: 1008P/0011P

OFFICIAL

			20		~47L
Revision:	HCFA-PM-87- MARCH 1987	4	(BERC)	OMB No.:	0938-0193
	State/Terri	tory	Indiana		
Citation 42 CFR 431 AT-78-90		(g)	Participation by Indian Health Service facilities providers, in accordance with 42 the same basis as other qualified	are accep	ted as 10(b), on
1902(e)(9) the Act, P.L. 99-509 (Section 94	•	(h)	Respiratory Care Services for Ver Individuals  Respiratory care services, as def section 1902(e)(9)(C) of the Act, under the plan to individuals who	fined in	-
			(1) Are medically dependent on a life support at least six hou		
			(2) Have been so dependent as ing single stay or a continuous shospitals, SNFs or ICFs for to 13 30 consecutive days;	stay in one	e or more
			days allowed under the St		
			(3) Except for home respiratory of respiratory care on an inpati hospital, SNF, or ICF for white payments would be made;	ent basis	in a
			(4) Have adequate social support cared for at home; and	services t	co be
			(5) Wish to be cared for at home.		
		<u>/ ¾</u>	Yes. The requirements of section Act are met.	1902(e)(9	) of the
		<i></i>	Not applicable. These services a the plan.	re not ind	cluded in
			HCFA-179 #Supercedes State Rep. In	Date Date Date	Rec'd 6/30/ Appr. 8/19/8 Eff. 2///8

TN No. 87-4
Supersedes
TN No.

Approval Date

Effective Date 7/1/87

HCFA ID: 1008P/0011P